

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/588297

FILING DATE

NOV 02 2006

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		/		/		
3		/		/		
4		/		/		
5		/		/		
6		/		/		
7		/		/		
8		/		/		
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13		/		/		
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15		/		/		
16		/		/		
17		/		/		
18		/		/		
19		2		/		
20		/		/		
21		/		/		
22		/		/		
23		/		/		
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41		/		/		
42		/		/		
43		/		/		
44		5		/		
45	/		/			
46		/		/		
47		/		/		
48		/		/		
49		/		/		
50		/		/		
TOTAL IND.	6	↓	6	↓		↓
TOTAL DEP.	55	←	44	←		←
TOTAL CLAIMS	61		50			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		/		/		
52		/		/		
53		/		/		
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95						
96						
97						
98						
99						
100						
TOTAL IND.	2	↓	2	↓		↓
TOTAL DEP.	8	←	17	←		←
TOTAL CLAIMS	10		19			